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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/224,683
		Filing Date	December 31, 1998
		First Named Inventor	Zsebo <i>et al.</i>
		Examiner Name	Bridget E. Bunner
		Art Unit	1647
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	01017/35136
TOTAL AMOUNT OF PAYMENT	(\$)	1280.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
Deposit Account: Deposit Account Number: 13-2855 Deposit Account Name: MARSHALL, GERSTEIN & BORUN LLP			
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			0.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims: ** =		Fee from below: =	
Independent Claims: ** =		Fee Paid: =	
Multiple Dependent: =			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			0.00
** or number previously paid, if greater; For Reissues, see above			
		Other fee (specify):	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	1280.00

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Nabeela R. McMillian	Registration No. (Attorney/Agent)	43,363
Signature		Telephone	(312) 474-6300
		Date	January 29, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: January 29, 2004	Signature: (Nabeela R. McMillian)